

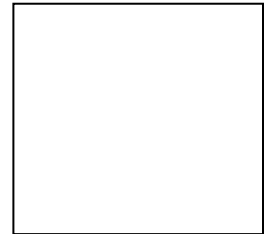
**Commonwealth of Massachusetts  
Division of Professional Licensure  
239 Causeway Street 5<sup>th</sup> Floor**

[www.state.ma.us/reg](http://www.state.ma.us/reg)

**Application for License as a Hearing Instrument  
Specialist in Massachusetts**

**Application Fee: \$412.00  
Reexam**

**Attach recent passport photo size 2 x 2 here**



1. Applicant Name: \_\_\_\_\_  
Last First Middle

2. Maiden Name: \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_  
Street Apt. #

City/Town State Zip Code

4. Home Phone \_\_\_\_\_

5. Mailing Address (If different): \_\_\_\_\_  
Street Apt#

City/Town State Zip Code

6. Business Name and Address: \_\_\_\_\_

Street City State Zip Code

Business telephone number \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ 8. Place of Birth: \_\_\_\_\_



9. Social Security number (mandatory) \_\_\_\_\_

Pursuant to G.L.c.62C, s 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth of Massachusetts.

**10.** List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the type/class and the status of your license and any relevant disciplinary information.

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**11.** *Attach a list of all business names, addresses, dates, and telephone numbers where you are currently practicing or you are in business with in any manner that is connected with this profession.*

**12.** Has a licensing/certification or regulatory agency located in the United States or any country or foreign jurisdiction taken any disciplinary action against you? Yes:\_\_\_ No: \_\_\_\_\_  
If yes, please state the details (attach a separate sheet if necessary): \_\_\_\_\_

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**13.** Are you the subject of pending disciplinary actions by a licensing/certification board or regulatory agency located in the United States or any country or foreign jurisdiction?  
Yes:\_\_\_ No: \_\_\_\_\_ If yes, please state the details (attach a separate sheet if necessary): \_\_\_\_\_

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**14.** Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board or regulatory agency in the United States or any country or foreign jurisdiction? Yes: \_\_\_\_\_No: \_\_\_\_\_  
If yes, please state the details (attach a separate sheet if necessary): \_\_\_\_\_

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**15.** Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes:\_\_\_ No:\_\_\_\_\_  
If yes, please state the details (attach a separate sheet if necessary): \_\_\_\_\_

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**16.** Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

The Board is certified by the Criminal History Systems Board ( ID# MKAREG G ) to access data about convictions and pending criminal cases. Those records-- and other Federal and professional records—may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

**17.** Education: List name of school(s), address, major courses, dates attended, and degree awarded.

High School \_\_\_\_\_

College or University: \_\_\_\_\_

Other: \_\_\_\_\_

**18.** LIST licensed Hearing Instrument Specialist(s) with whom you apprenticed under in Massachusetts: (if apprenticed under more than one sponsor, please list them all)

Name and License# \_\_\_\_\_

Name and License# \_\_\_\_\_

**19.** Certification of Apprenticeship

I, \_\_\_\_\_, certify that \_\_\_\_\_  
Hearing Instrument Specialist Lic# Name of Applicant  
served as a Hearing Instrument Specialist under my supervision at \_\_\_\_\_  
Name of Business  
located at \_\_\_\_\_ from \_\_\_\_\_  
Business Address Start Date  
to \_\_\_\_\_ and completed \_\_\_\_\_ and is qualified to be  
Completion Date Weekly Hours

Registered as a Hearing Instrument Specialist. I attest that the above statement is true and is made under the pains and penalties of perjury.

\_\_\_\_\_  
Signature of Hearing Instrument Specialist Lic#

\_\_\_\_\_  
Day Telephone Number

I, \_\_\_\_\_, certify that \_\_\_\_\_  
Hearing Instrument Specialist Lic# Name of Applicant

served as a Hearing Instrument Specialist under my supervision at \_\_\_\_\_  
Name of Business

located at \_\_\_\_\_ from \_\_\_\_\_  
Business Address Start Date

to \_\_\_\_\_ and completed \_\_\_\_\_ and is qualified to be  
Completion Date Weekly Hours

registered as a Hearing Instrument Specialist. I attest that the above statement is true and is made under the pains and penalties of perjury.

\_\_\_\_\_  
Signature of Hearing Instrument Specialist Lic# Day Telephone Number

**20.** I certify, under the pains and penalties of perjury, that the information I have provided in this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Hearing Instrument Specialists to deny me the right to sit for the licensure examination; to deny my application for licensure; or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

\_\_\_\_\_  
Signature of Applicant Date

**21. NOTARIZATION (Required by all applications)**

The applicant named on this application agrees to abide by the rules and regulations for licensing for Hearing Instrument Specialists as contained in Chapter 265 of the Code of and attest that all statements made herein are truthful and are made under the pains of perjury.

\_\_\_\_\_  
Applicants Signature-Signed in the presence of a Notary Date of Notarization

\_\_\_\_\_  
Name of Notary Public Signature of Notary

\_\_\_\_\_  
My commission expires on (date)

**NOTARY SEAL/STAMP**

**Once you have been approved you will be requested to remit \$113.00 for licensure.**